

Indian Health Service

4-in-1 Grant: Overview of Comprehensive Report Findings

(April 1, 2019 to March 31, 2022)

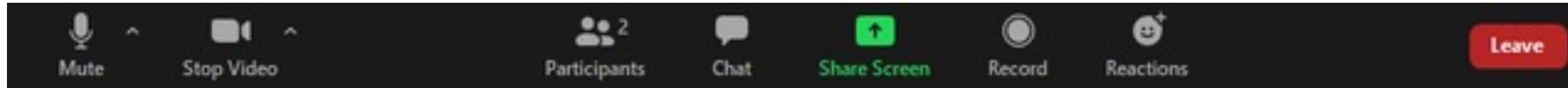
KAUFFMAN AND ASSOCIATES, INC. (KAI)

MARCH 21, 2023



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Presenter Introductions



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4-in-1 Grant

Overview of Comprehensive Report Findings

April 1, 2019 to March 31, 2022

PRESENTED BY KAUFFMAN AND
ASSOCIATES, INC. (KAI)

MONTH 21, 2023



Purpose

Provide an overview of key evaluation findings from grantees' collective data submitted between April 1, 2019, to March 31, 2022, including reporting rates, trends, programmatic successes, and recommendations across the four program service areas:

- 1) Health promotion and disease prevention
- 2) Immunization
- 3) Alcohol and substance abuse
- 4) Mental health



Objectives



Describe the 4-in-1 grant program evaluation



Highlight key findings



Provide an overview of recommendations



Background

4-in-1 Grant

Title V of the Indian Health Care Improvement Act (IHCIA; PL 94-437) authorized funding for the development of health programs in urban areas to make health services more accessible to urban Indians.



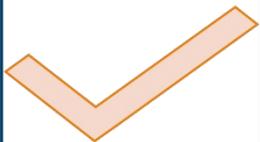
Purpose of 4-in-1 Grant Program Evaluation



Grantee reporting rates



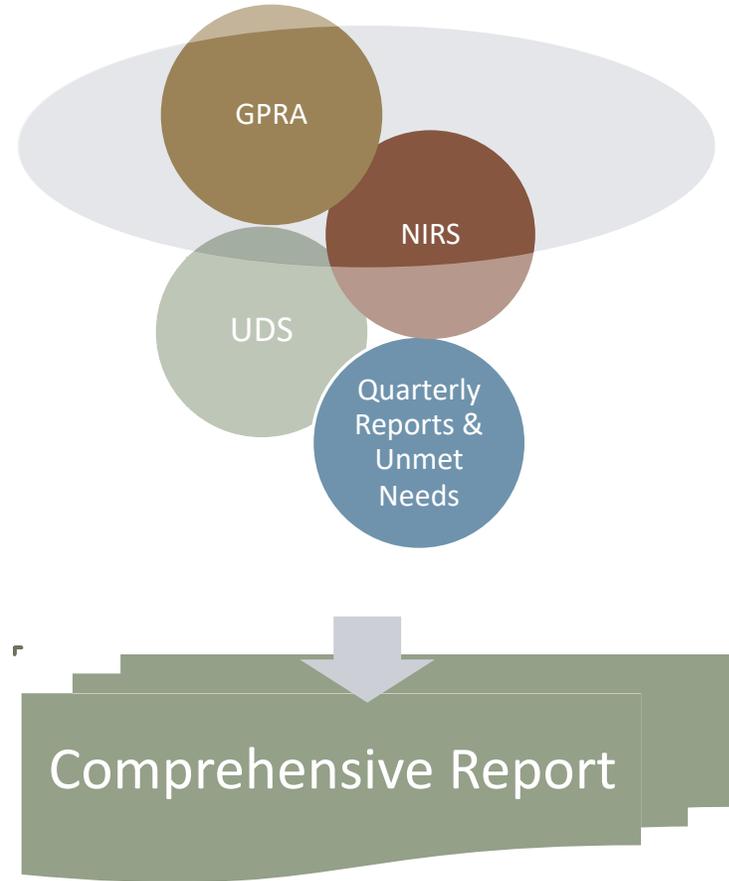
Insights on 4-in-1 programmatic service trends



Next steps and recommendations



Evaluation Data Sources



Government Performance and Results Act—GPRRA

The GPRRA requires federal agencies to demonstrate they are using funds in accordance with their mission statements.

Measures of quality of care and safety, as outlined in the IHS strategic plan and used for this report, include the following:

- Diabetes management (good glycemic control, controlled blood pressure of <140/90, statin therapy, and nephropathy)
- Cancer screening (Pap screening, mammogram rates, and colorectal cancer)
- Vaccination rates (Influenza: children 6 months to 17 years, adults aged 18 and older, adult composite, and childhood immunizations)
- Alcohol/Substance abuse (tobacco cessation, universal alcohol screening, and SBIRT)
- HP/DP (mammography screening, colorectal cancer screening, HIV screening ever, childhood weight control, and breastfeeding rates)



National Immunization Reporting System—NIRS

A web-based system designed to collect quarterly immunization data reports from the IHS-funded facilities.

Data entered through the NIRS system are used to develop the IHS Area and national-level immunization reports.

Each quarter, grantees report immunization data for the following groups:

- Children ages 3–27 months
- 2-year-old children
- Adolescents
- Adults
- Influenza



Uniform Data System—UDS

An annual calendar year report providing a standardized set of data reported by federally funded programs.

UIOs funded by the IHS are required to produce annual UDS reports and include aggregate information from various UIOs regardless of the electronic health record (EHR) system used.

These reports provide an overview of patients and visits at a UIO, including:

- Aggregated total number
- Demographics of patients (e.g., age, gender, zip code of residence, insurance sources, race/ethnicity)
- Number of visits by provider type, key diagnoses and services
- Characteristics of special populations
- Quality of care indicators, health outcomes, and disparities.



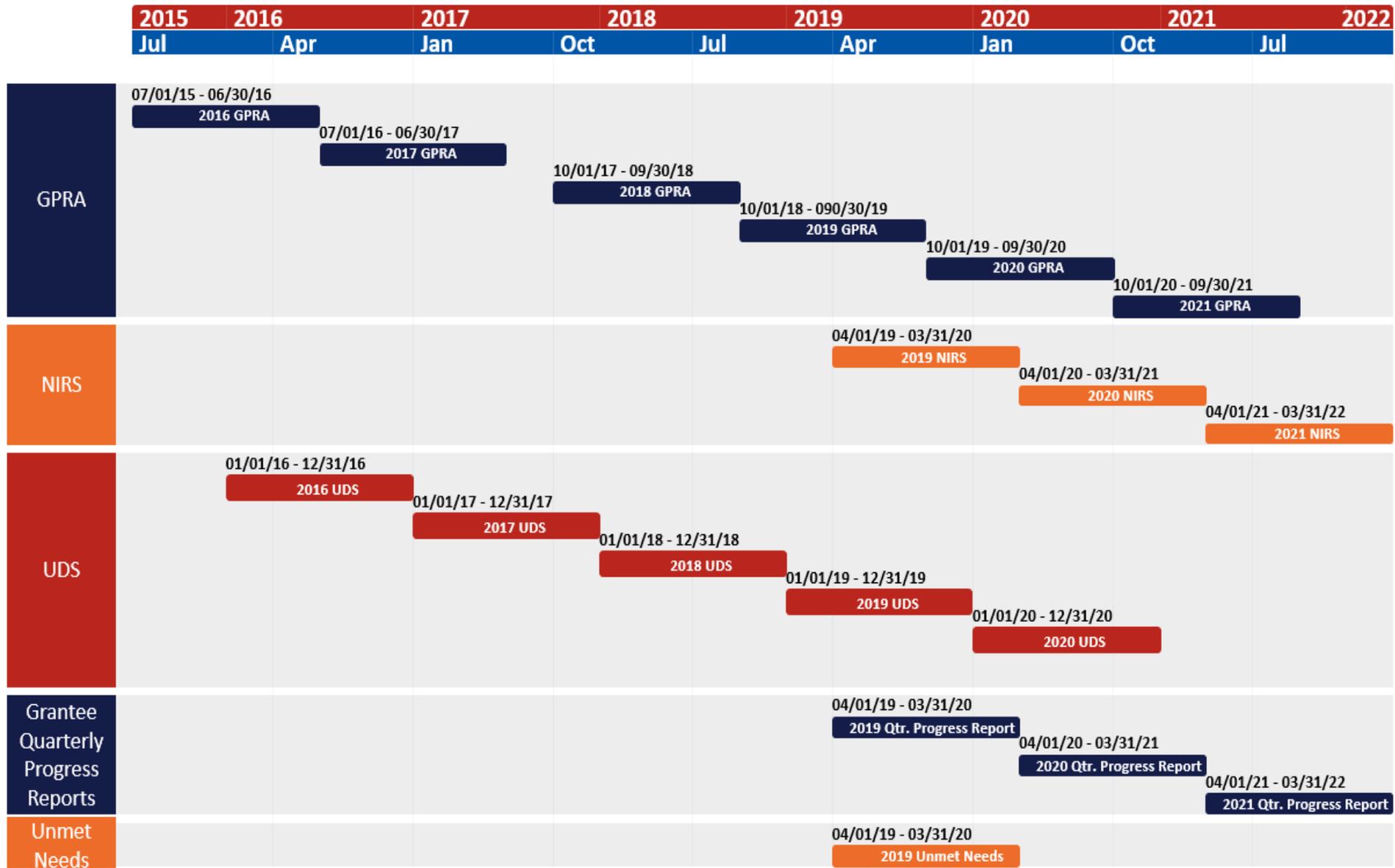
Grantee Quarterly Reports and Unmet Needs

As required under IHCIA 25 USC 1653 and 1657, 4-in-1 grantees provide narrative information about programming across each of the four health service areas on the grantee quarterly progress reporting template and the unmet needs reporting form.

Qualitative data extracted from each health service area included:

- Strengths
- Challenges, barriers, and unmet needs
- Next steps and future planning





Timeline of Data Sources

Key Findings and Recommendations



Overview of reporting rates by data source:

- Key findings by health program area
- Health promotion and disease prevention
- Immunization
- Alcohol and substance abuse
- Mental health
- Cultural/traditional and evidence- and practice-based approaches

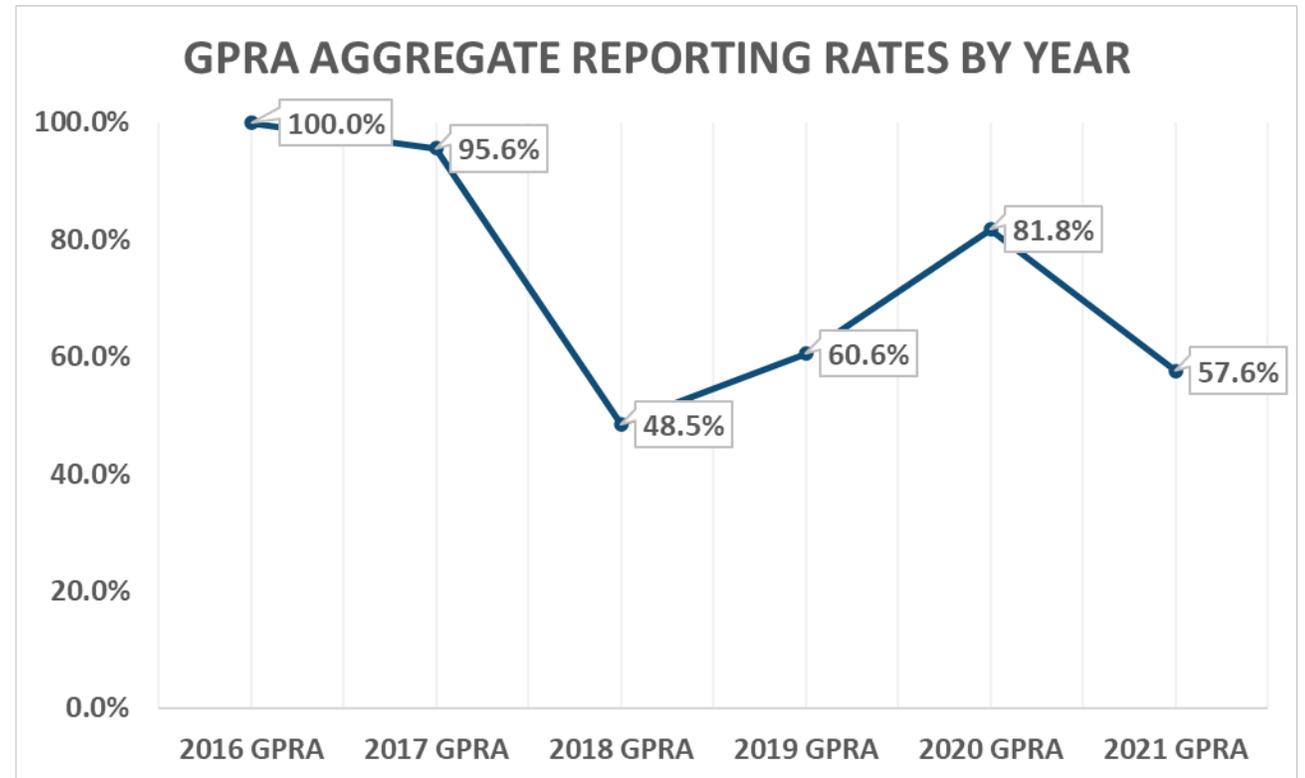




Reporting Rates by Data Source

The GPRA Reporting Rates

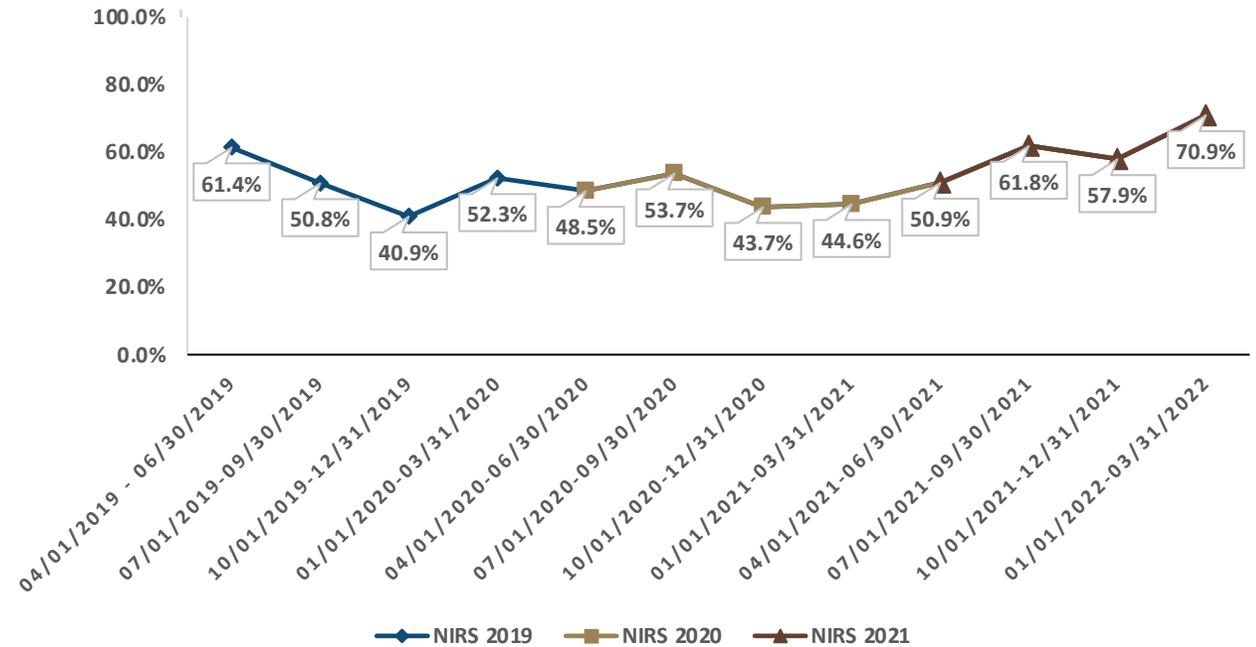
- Reporting rates fluctuated from 2016 to 2021 GPRA
- 2018 GPRA had the lowest reporting rate at 48.5% of grantees



The NIRS Reporting Rates

- Reporting rates from April 1, 2019, to March 31, 2022, increased by 9.5%

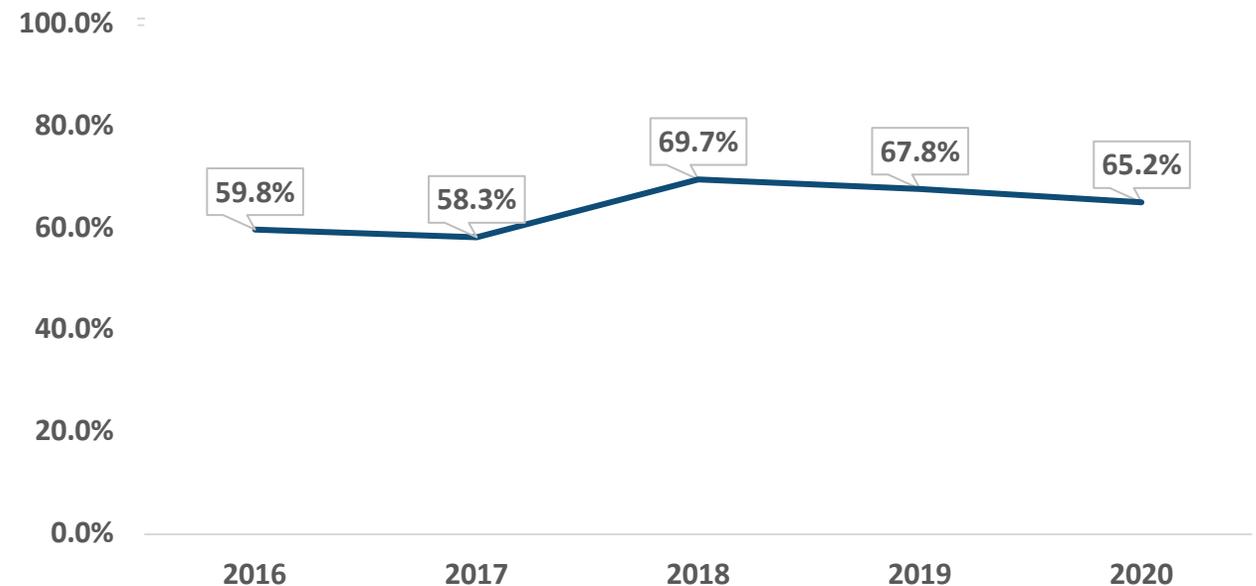
NIRS AGGREGATE REPORTING RATES BY QUARTER



The UDS Reporting Rates — Patient Totals

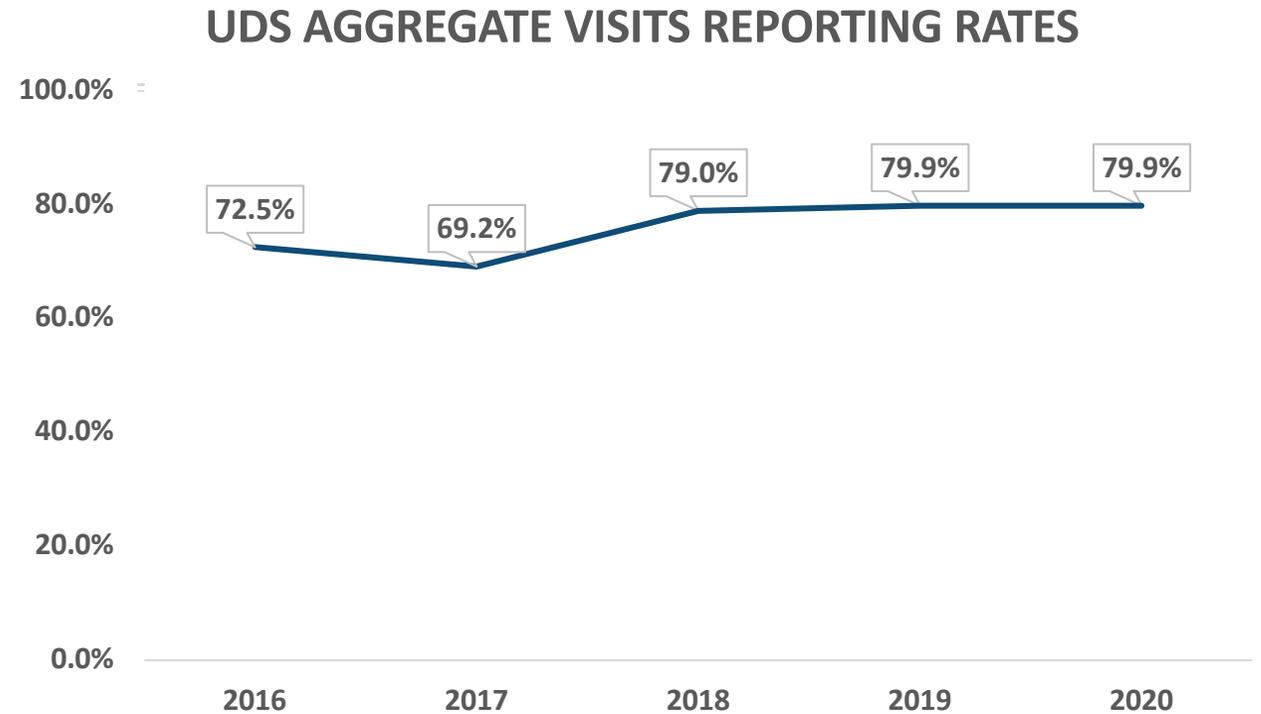
- Reporting rates for patient totals increased by 5.4% from 2016 to 2020

UDS AGGREGATE PATIENT TOTALS REPORTING RATES



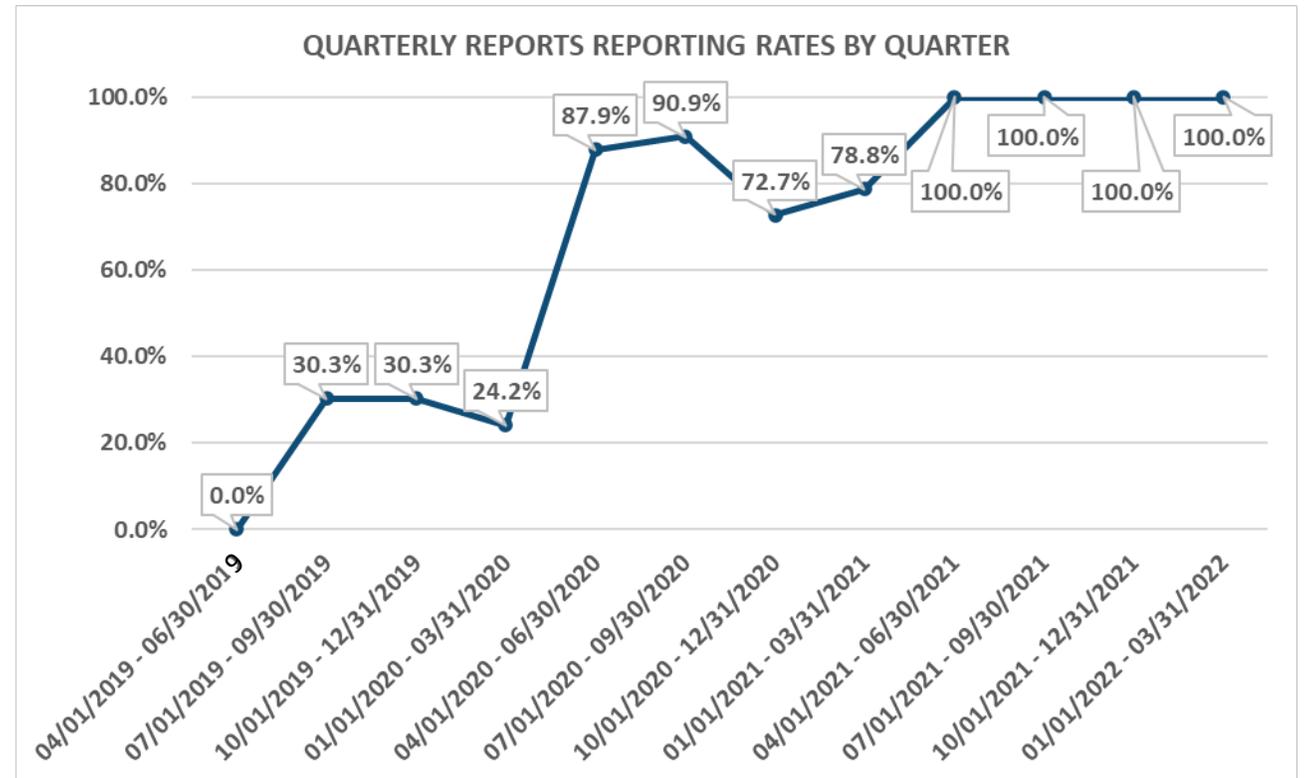
The UDS Reporting Rates—Visits

- Reporting rates for visits to clinics increased by 7.4% from 2016 to 2020



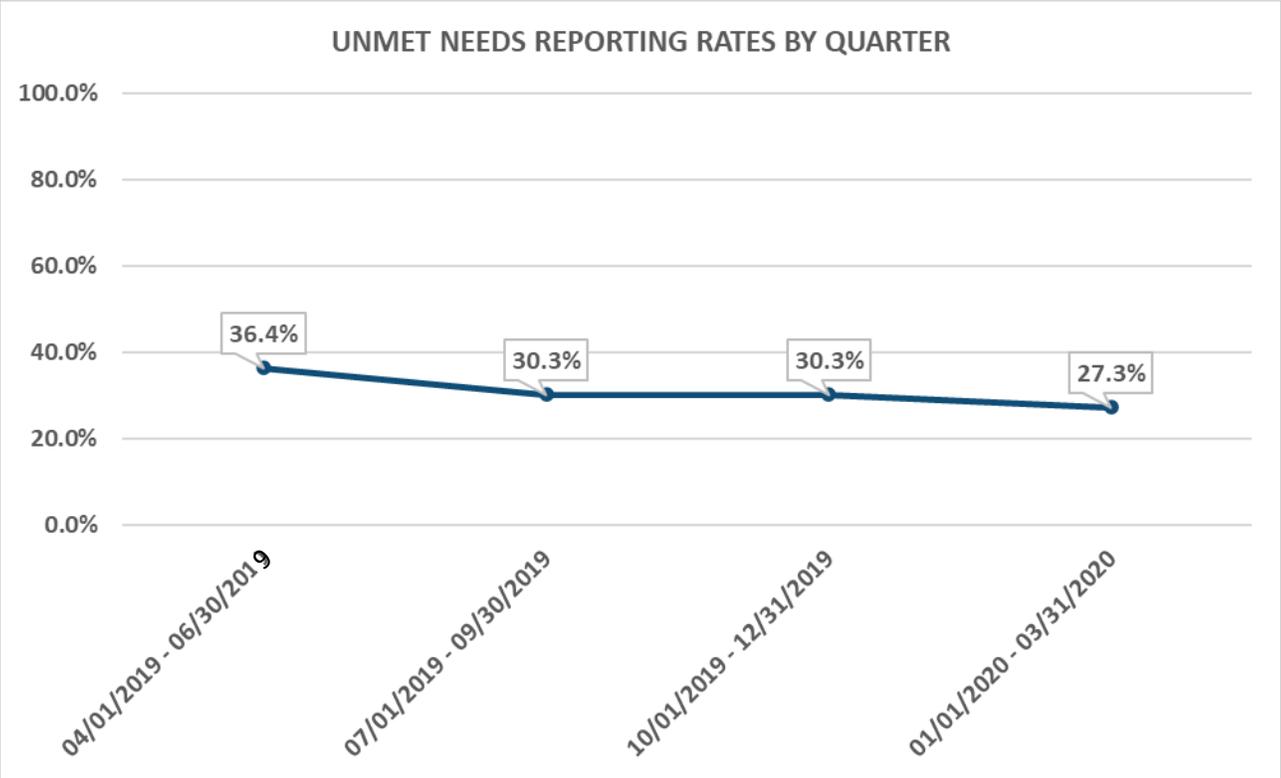
Quarterly Reports Reporting Rates

- Reporting rates were low in Grant Year 2019
- By Grant Year 2021, all grantees submitted quarterly report data achieving 100% reporting rate



Unmet Needs Reporting Rates

- During the 2019 grant program year (April 1, 2019–March 31, 2020), grantees reported unmet needs on a separate reporting form





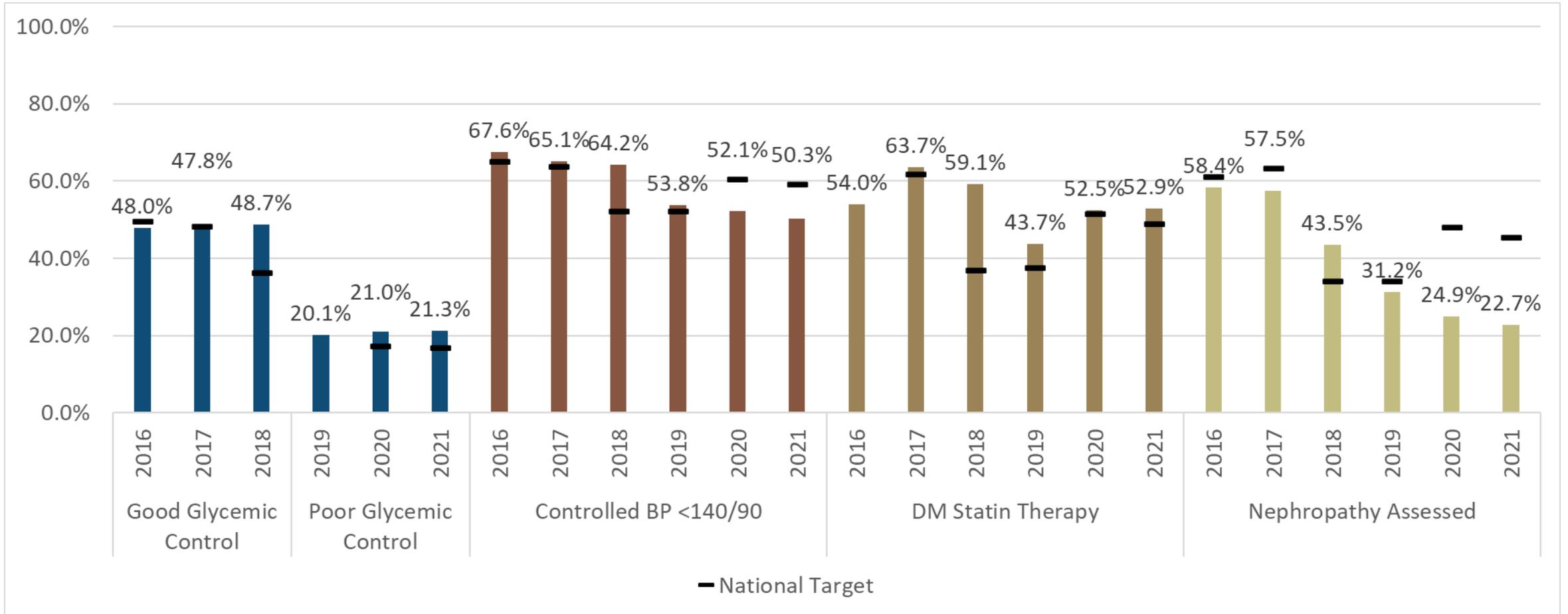
Health Promotion and Disease Prevention

Health Promotion and Disease Prevention—GPRA Key Measures

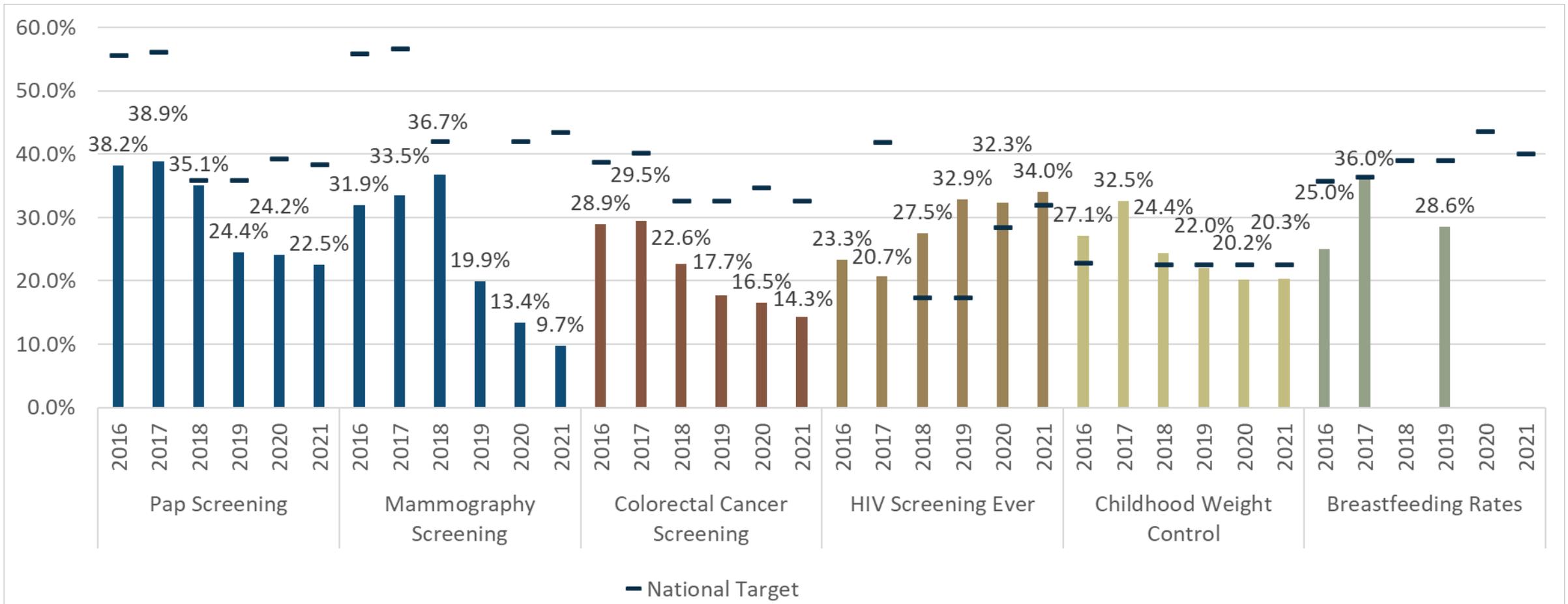
- Good Glycemic Control
- Poor Glycemic Control
- Controlled BP <140/90
- DM Statin Therapy
- Nephropathy Assessed
- Pap Screening
- Mammography Screening
- Colorectal Cancer Screening
- HIV Screening Ever
- Childhood Weight Control
- Breastfeeding Rates



Health Promotion and Disease Prevention— GPRA Key Findings



Health Promotion and Disease Prevention— GPRA Key Findings

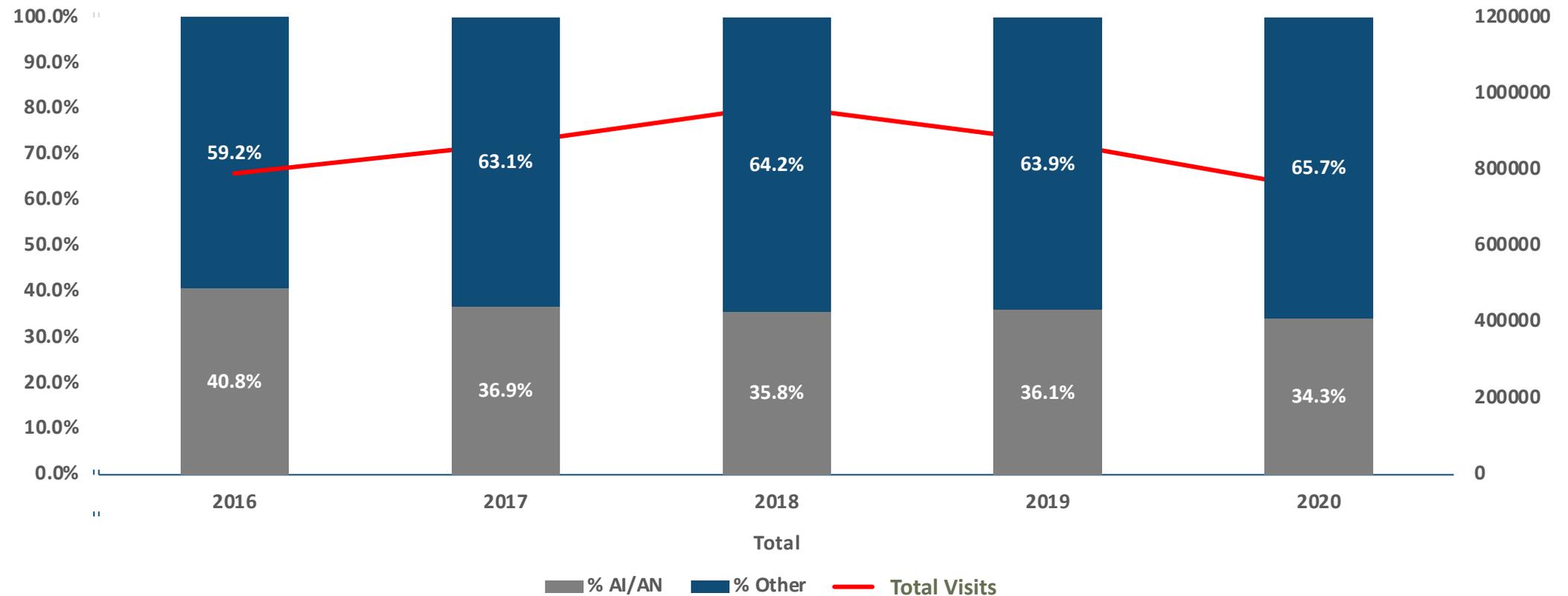


Health Promotion and Disease Prevention— UDS Key Measures

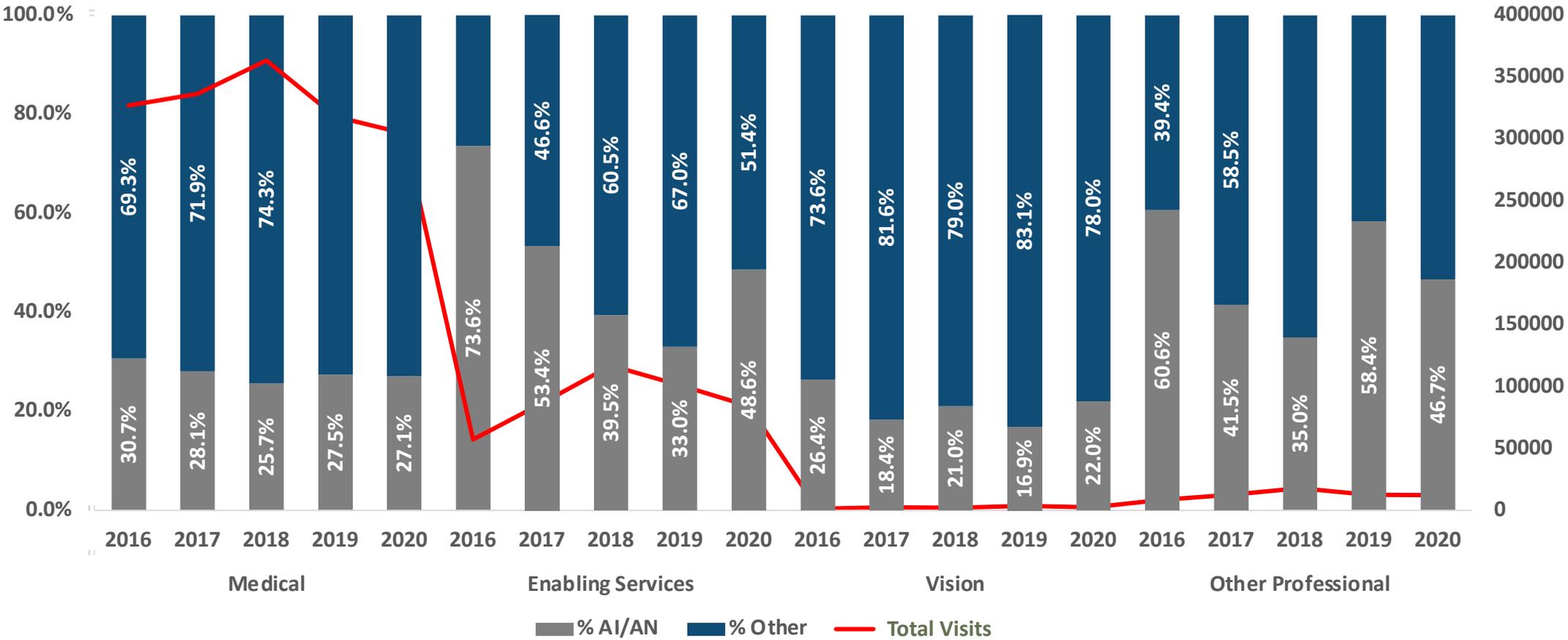
- Total HP/DP visits
- Medical
- Vision
- Enabling services



Health Promotion and Disease Prevention— Total UDS Visits by AI/AN Proportion (2016-2020)



Health Promotion and Disease Prevention— UDS Key Findings by Visit Type per Year



Health Promotion and Disease Prevention Program Strengths

Various strengths emerged during the evaluation period:

- During the 2019 –2020 period, grantees effectively pivoted services to accommodate patient needs and provide services
- Grantees provided patient care using a hybrid approach (telehealth, virtual, and, if feasible, in-person) and continued with health promotion activities
- Grantees cross-department collaboration to deliver COVID-19 protective equipment and vaccines



Health Promotion and Disease Prevention Program Challenges, Barriers, and Unmet Needs

Various challenges and barriers emerged during the evaluation period:

- The COVID-19 pandemic strained all grantees' access to HP/DP services, care, and programs
- The lack of reliable internet access created a significant barrier for grantees pivoting to telehealth medical and behavioral health services
- The unmet needs were exacerbated by existing social determinants of health
- Staff burnout and retention issues



Health Promotion and Disease Prevention Program Next Steps and Future Planning

Key next steps and future planning primarily focused on outreach, partnerships and collaboration, health education, virtual delivery of programs, technology, electronic health record systems, and staff recruitment and retention:

- Recognize the need for flexibility, and continue to monitor the spread of COVID-19
- Expand their social media outreach, mailings, and website content to inform community members about upcoming events and health information resources
- Improve their information technology infrastructure, virtual technology platforms, staff training, and technology access
- Staff retention and recruitment





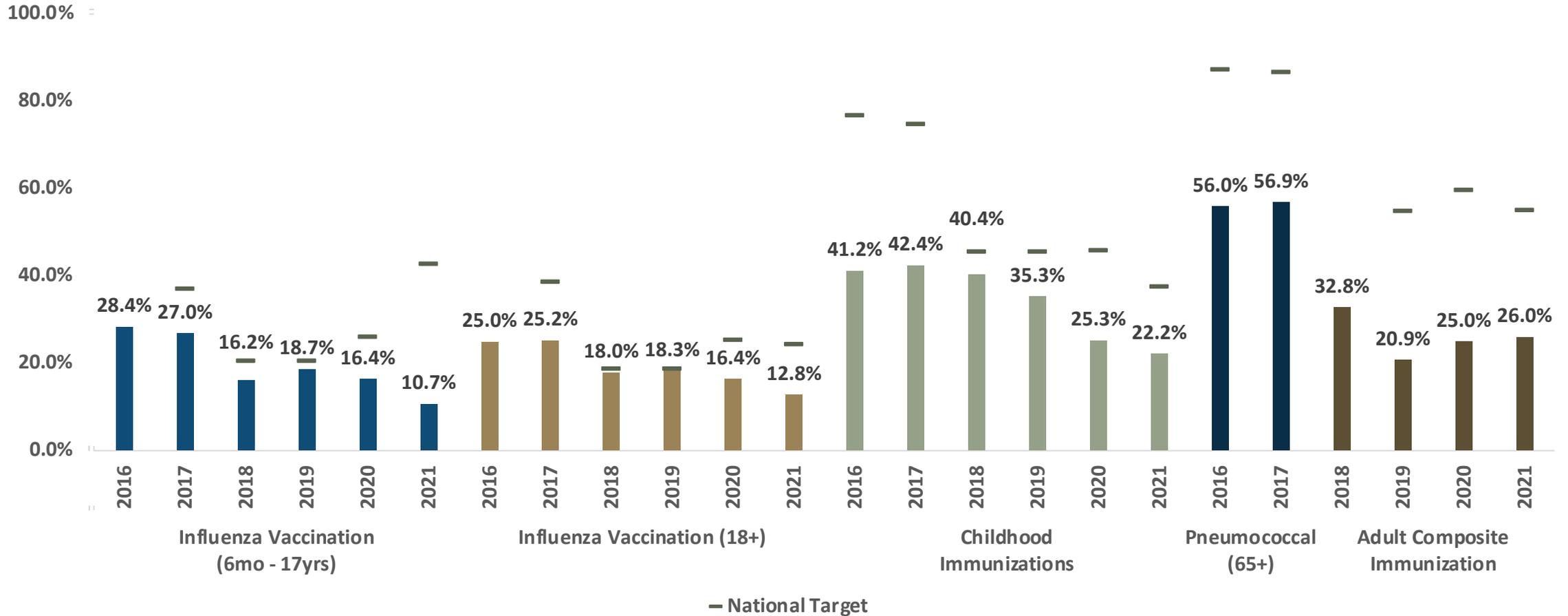
Immunization

Immunization—GPRA Measures

- Childhood immunizations
- Influenza vaccination rates among children 6 months to 17 years
- Influenza vaccination rates among adults 18+
- Adult immunizations



Immunization—GPRA Key Findings



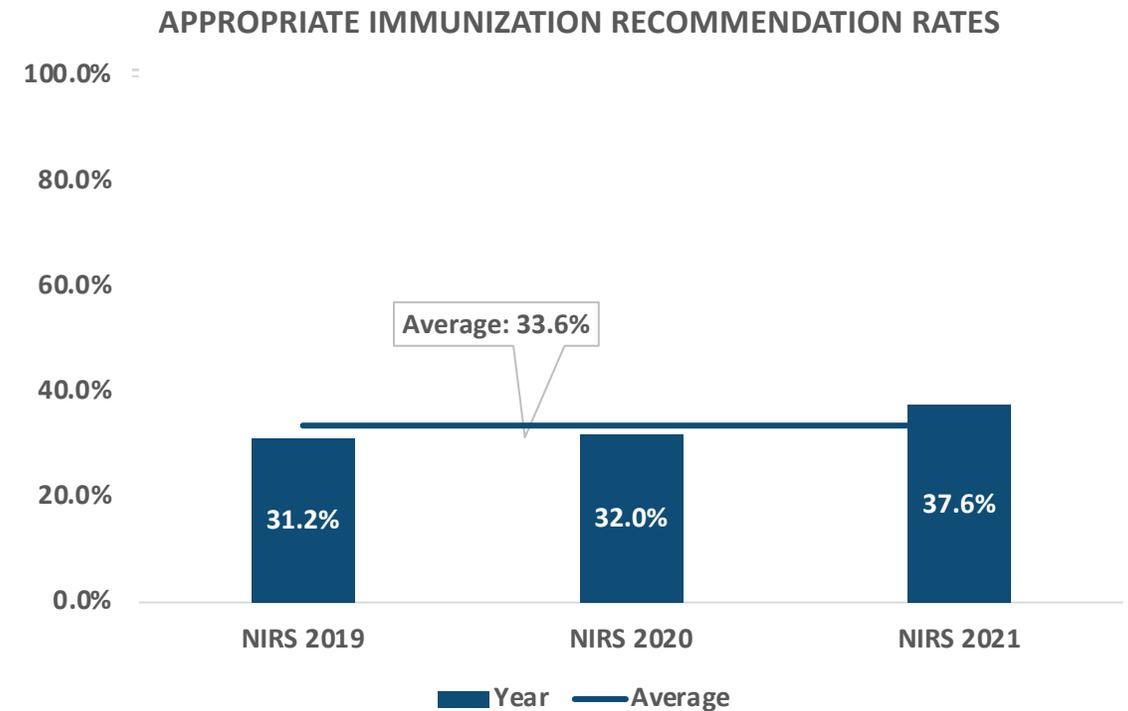
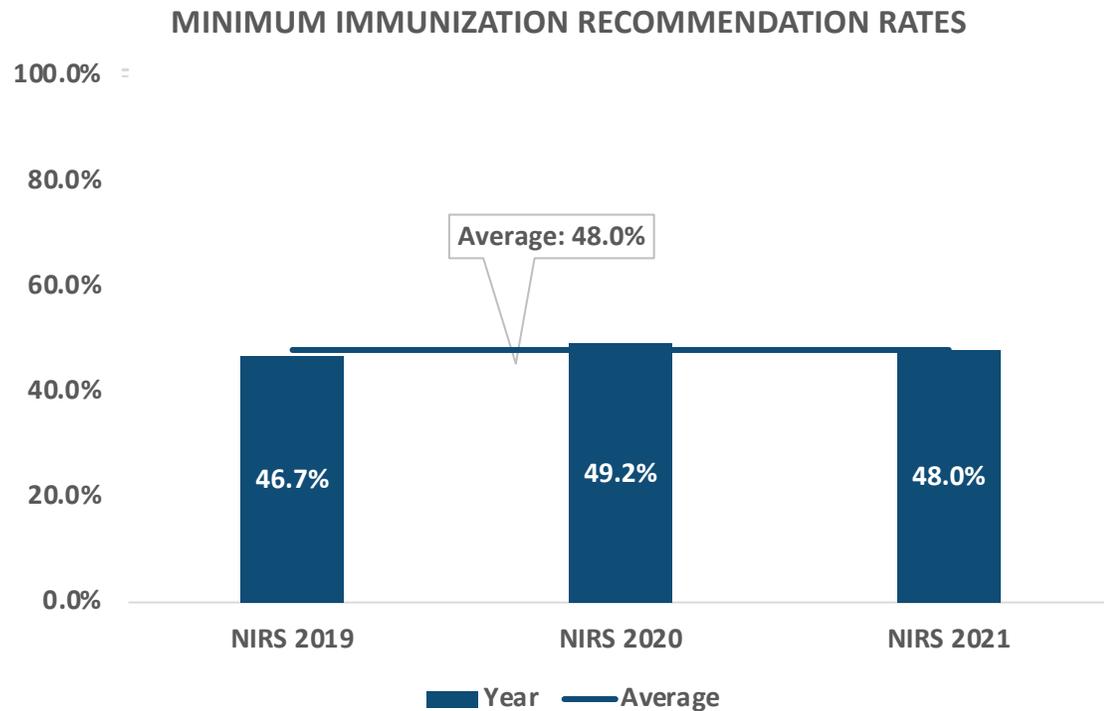
Immunization—NIRS Measures

NIRS Key Measures:

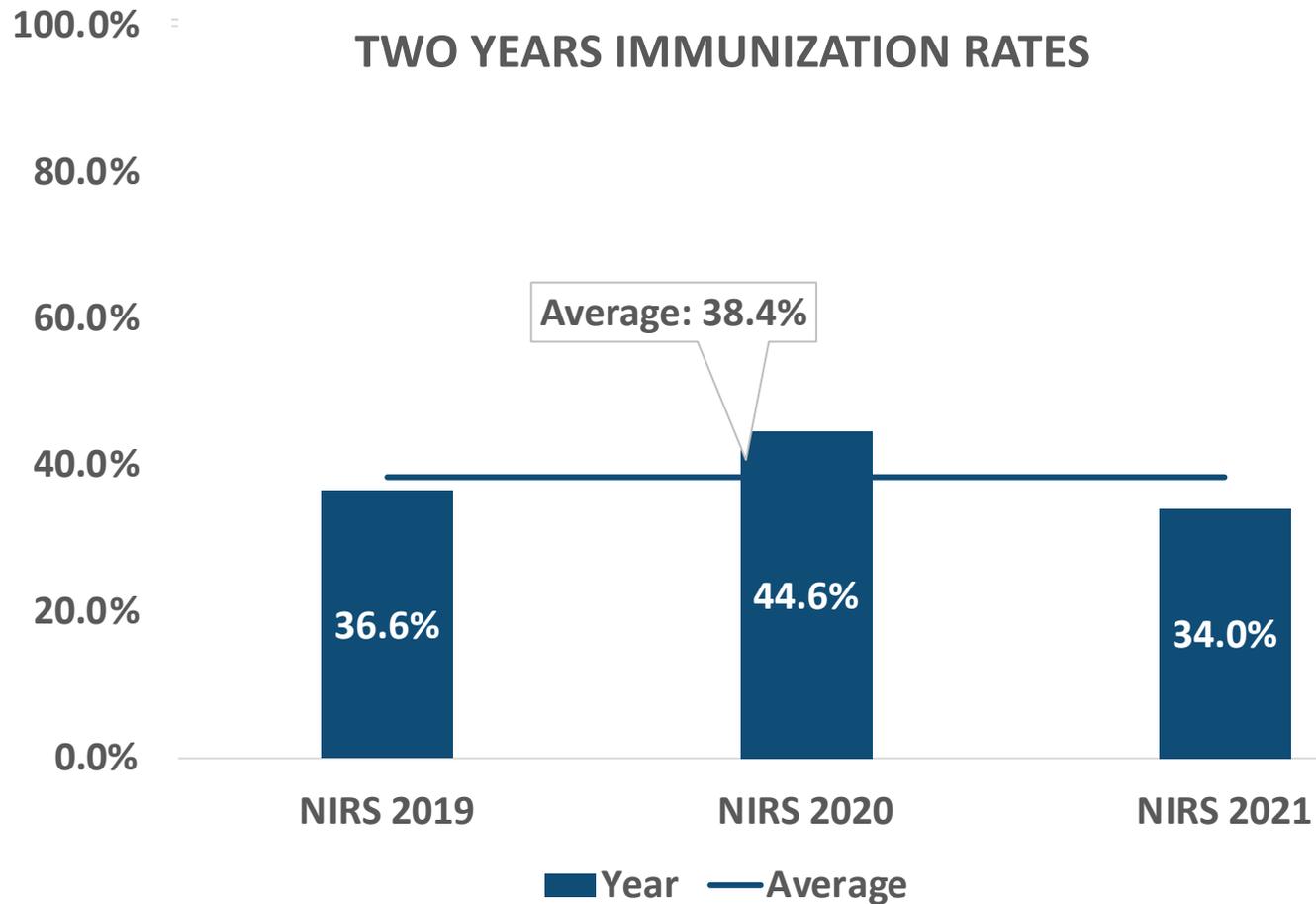
- Children ages 3–27 months
- 2-year-old children
- Adolescents ages 13–17 years
- Adults
- Influenza



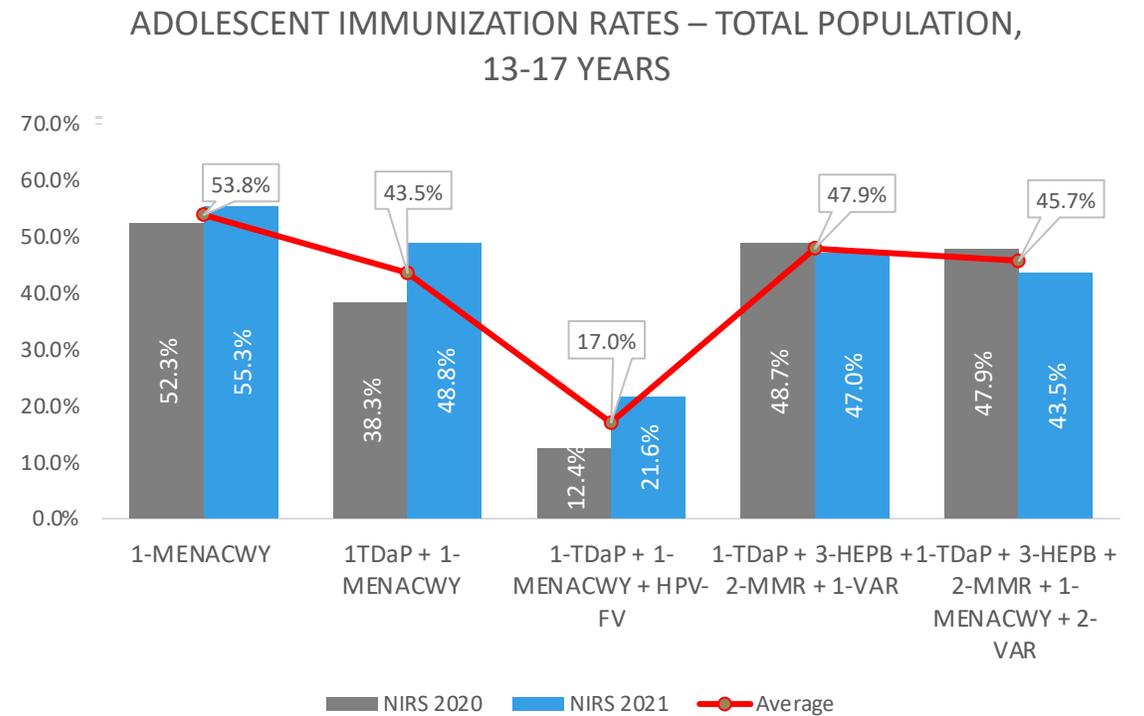
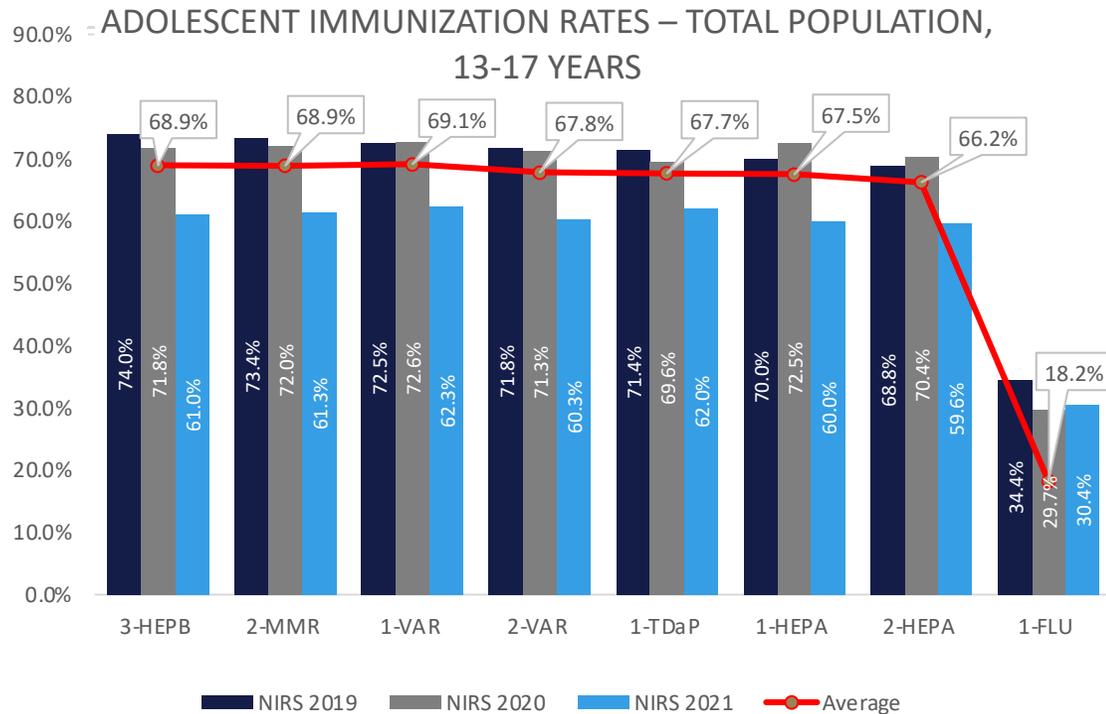
NIRS 3- to 27-months Immunization Rates



NIRS 2 Years Immunization Rates

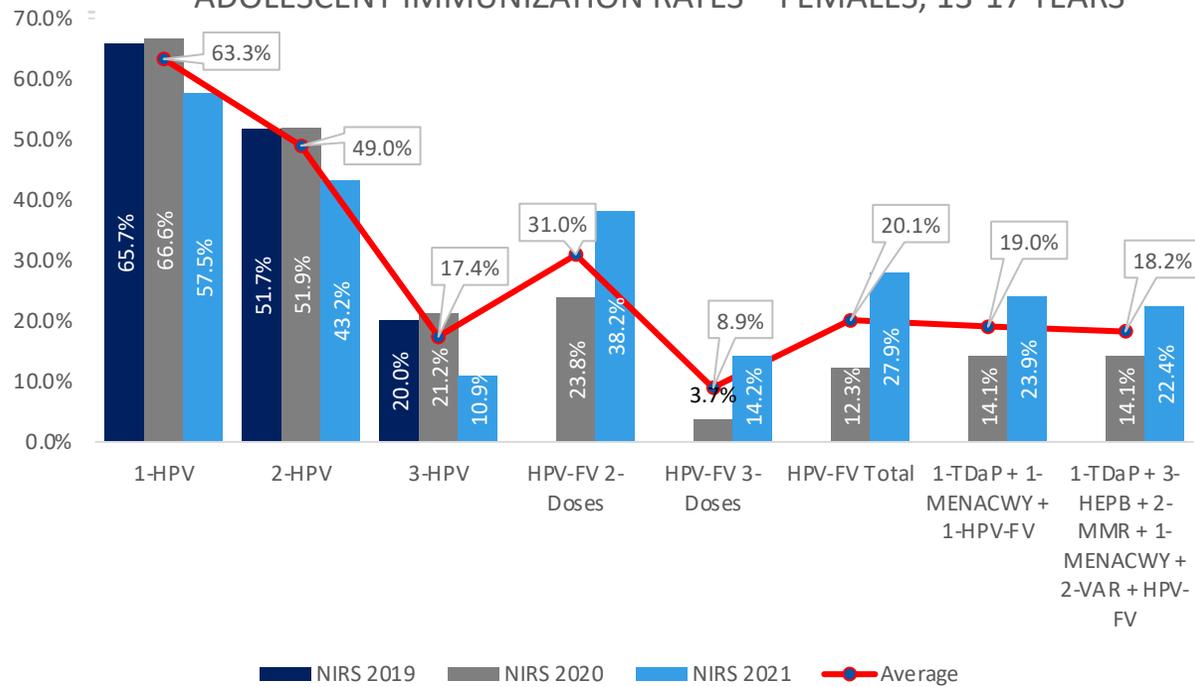


Adolescent Immunization Rates, 13-17 Years

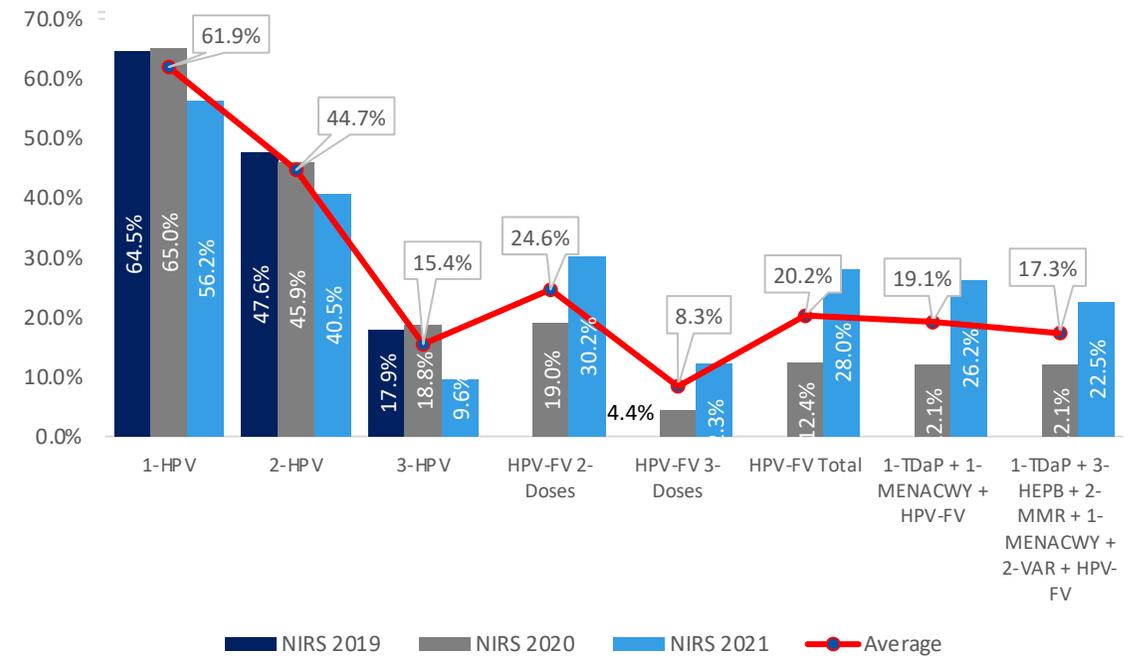


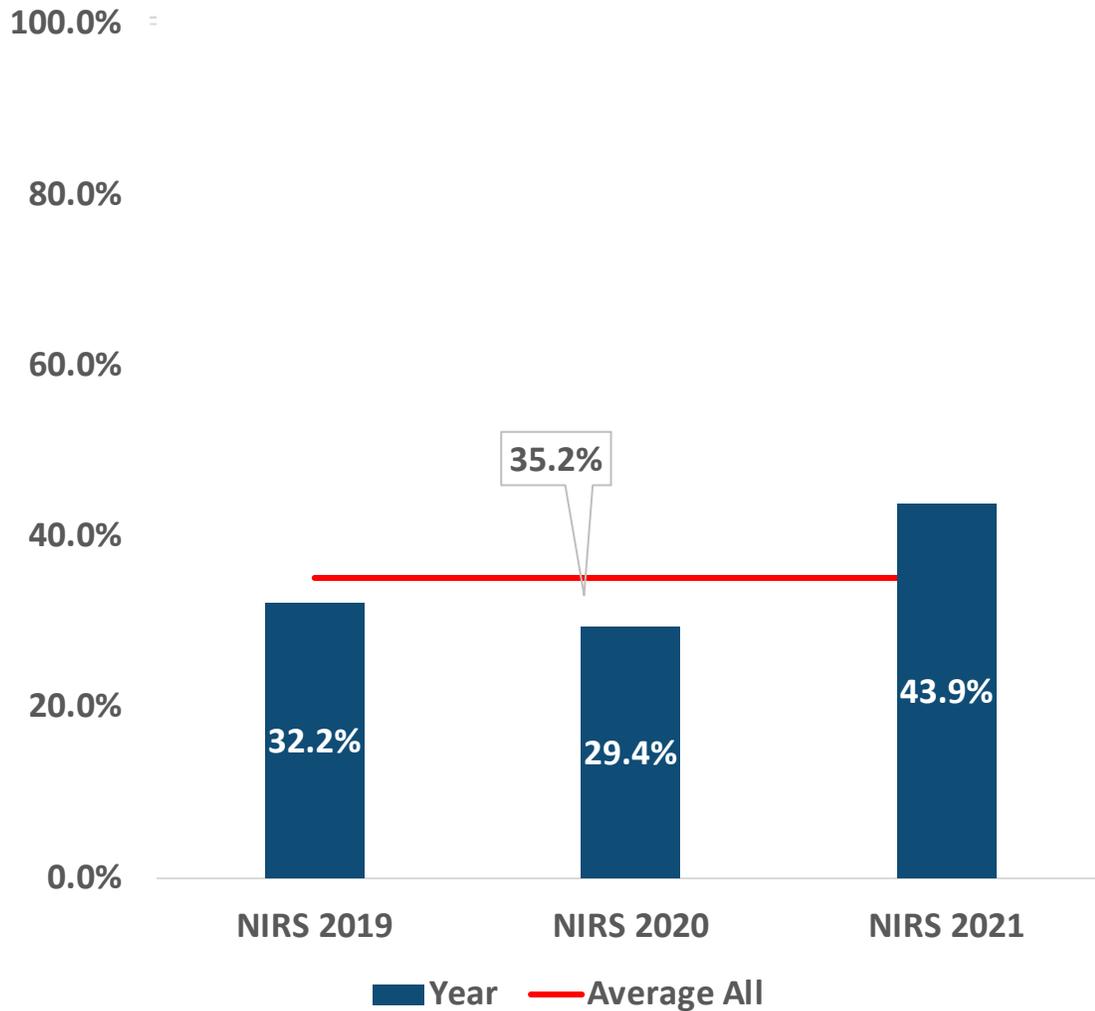
Adolescent Immunization Rates, 13-17 Years

ADOLESCENT IMMUNIZATION RATES – FEMALES, 13-17 YEARS



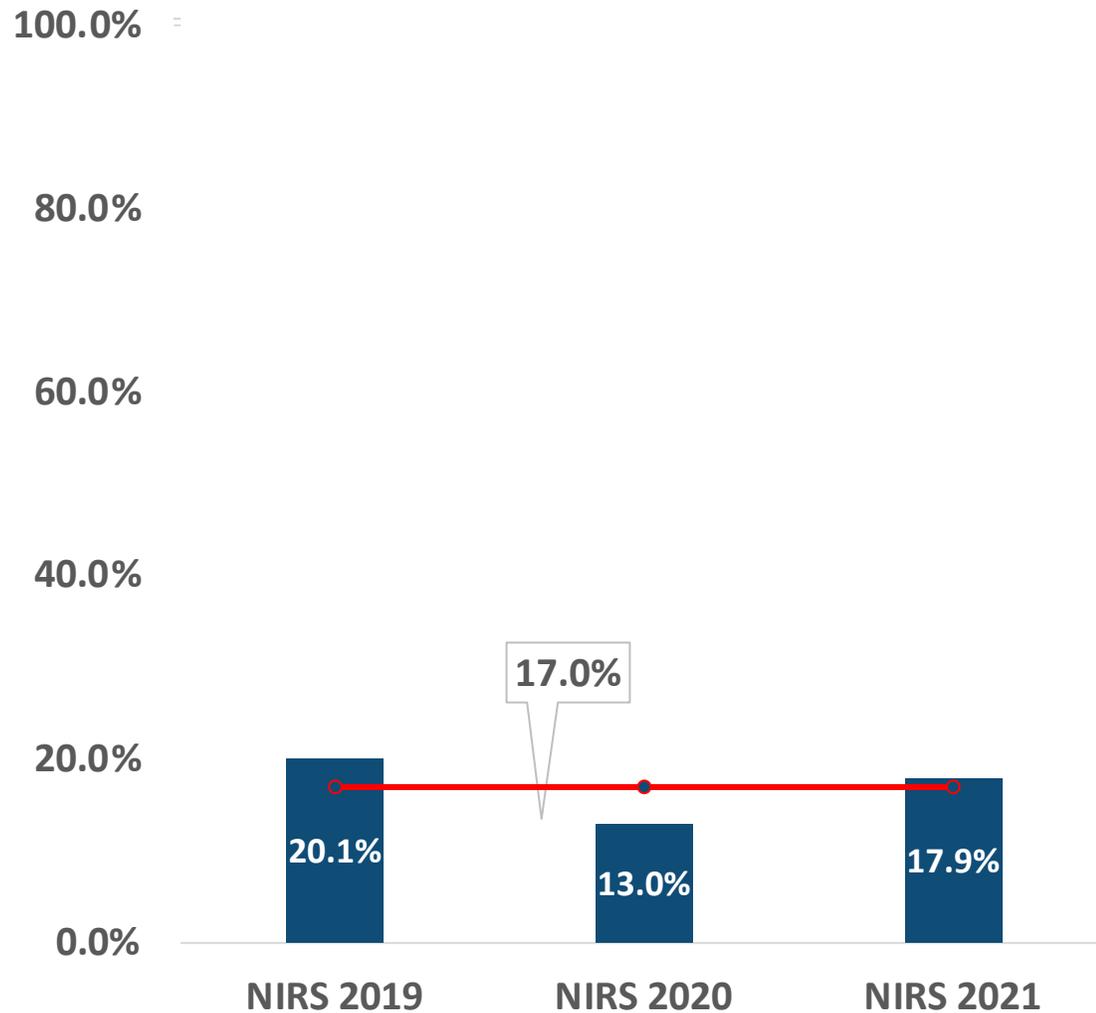
ADOLESCENT IMMUNIZATION RATES – MALES, 13-17 YEARS





NIRS Adult Immunization Rates

NIRS Adult Influenza Immunization Rates



Immunization Program Strengths

- Continued promotion and outreach for routine immunizations and COVID-19 vaccines
 - Telehealth
 - Partnerships (e.g., health departments, school districts, tribes, community organizations)
 - Culturally-specific materials
- Screened immunization records and offered make-up vaccine visits
- Introduction of the Shingrix vaccine
- Increased in-clinic and mobile vaccination services to broaden the reach



Immunization Program Challenges, Barriers, and Unmet Needs

- Refusals and hesitancy for child and adult immunizations due to COVID-19
- Technology
 - Capacity to support electronic reporting systems and data management
 - Difficult to access, manage, and update patient health records
 - Internet/broadband limited outreach across populations
- Funding to procure vaccines
- Vaccine supply shortages
- Limited in-person visits due to COVID-19
- COVID-19 exposure concerns and social distancing
- Staffing
 - Turn-over/ burn-out
 - Hiring and onboarding



Immunization Program Next Steps and Future Planning

Key next steps and future planning primarily focused on the need to:

- Continue and expand outreach through partnerships, social media, print mail, and telephone
- Continue/develop partnerships and collaborations
- Develop inter-service collaborations (e.g., combine wellness visits with vaccine promotion with the Health Promotion and Disease Prevention Program)
- Increase access and broaden reach through mobile vaccine vans
- Ensure messaging is culturally appropriate and relevant for all ages





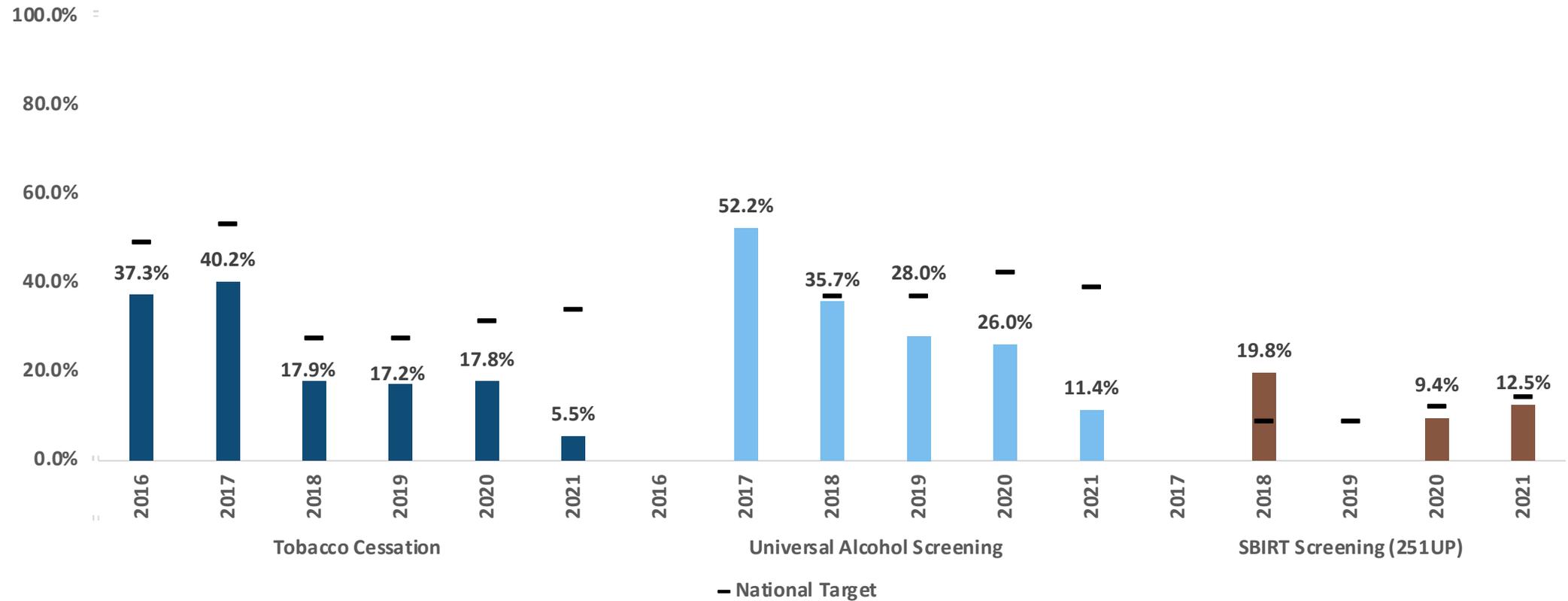
Alcohol and Substance Abuse

Alcohol and Substance Abuse—GPRRA Measures

- Tobacco cessation
- Universal alcohol screening
- Screening, brief intervention, and referral to treatment (SBIRT)



Alcohol and Substance Abuse— GPRA Key Findings

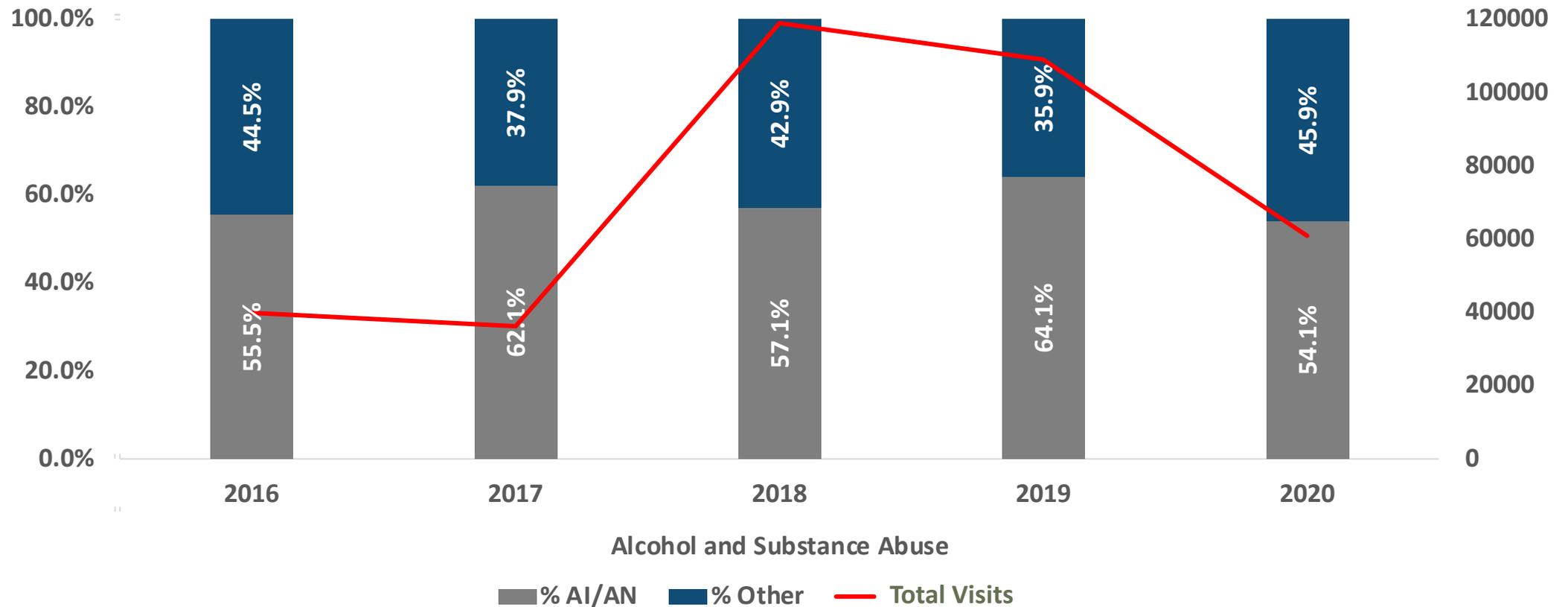


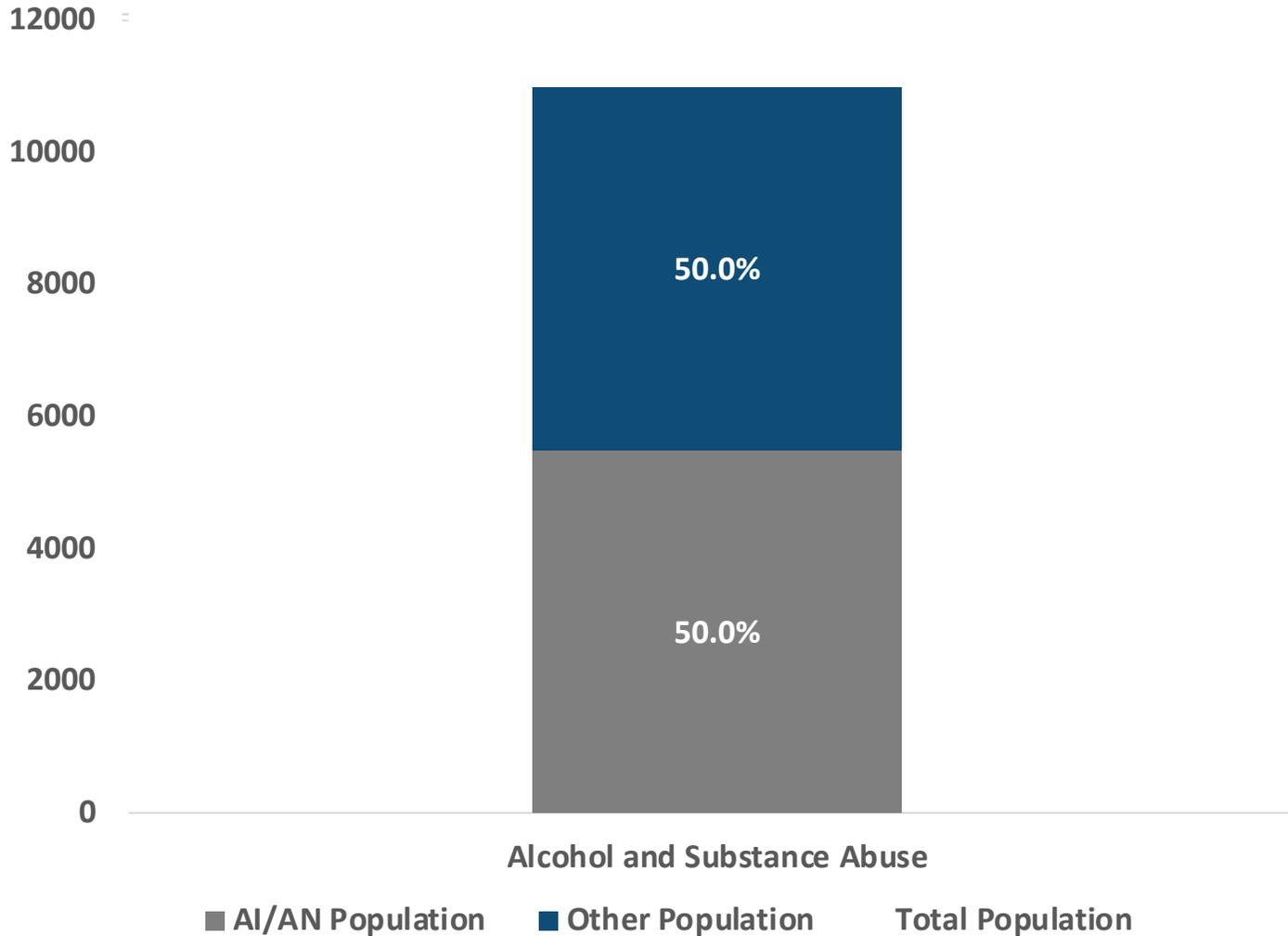
Alcohol and Substance Abuse— UDS Measures

- Alcohol and substance abuse-related services



Alcohol and Substance Abuse— UDS Key Findings by Visits per Year





Alcohol and Substance Abuse— UDS Key Findings by Telehealth Visits



Alcohol and Substance Abuse Services Program Strengths

- COVID-19 presented significant challenges when it came to screening for alcohol and substance abuse and linking patients to care
- Many grantees switched to a virtual format
- There seemed to be a positive trend as telehealth visits became more widely accepted, the new format provided therapists with a more efficient way to link patients to additional services
- Grantees took the opportunity to develop creative outreach approaches



Alcohol and Substance Abuse Services Challenges, Barriers, and Unmet Needs

- COVID 19 presented barriers to care—limited in-person clinic visits
- Telehealth became an essential treatment and outreach tool; however, many tribal urban Indian communities lack the infrastructure to use the service reliably
- Grantees experienced an increased demand for ASA services; many of them struggled with having the resources to link clients to care
- Patients often experienced significant delays in treatment



Alcohol and Substance Abuse Services Next Steps and Future Planning

- COVID-19 presented grantees with a new model of care: telehealth
- The hybrid model (in-person coupled with telehealth) allows the clinic and clinicians more flexibility when treating patients
- Grantees continue to focus on staff recruitment/retention and diversifying their care teams
- Grantees expressed an interest in continuing to improve their broadband infrastructure and expanding outreach campaigns





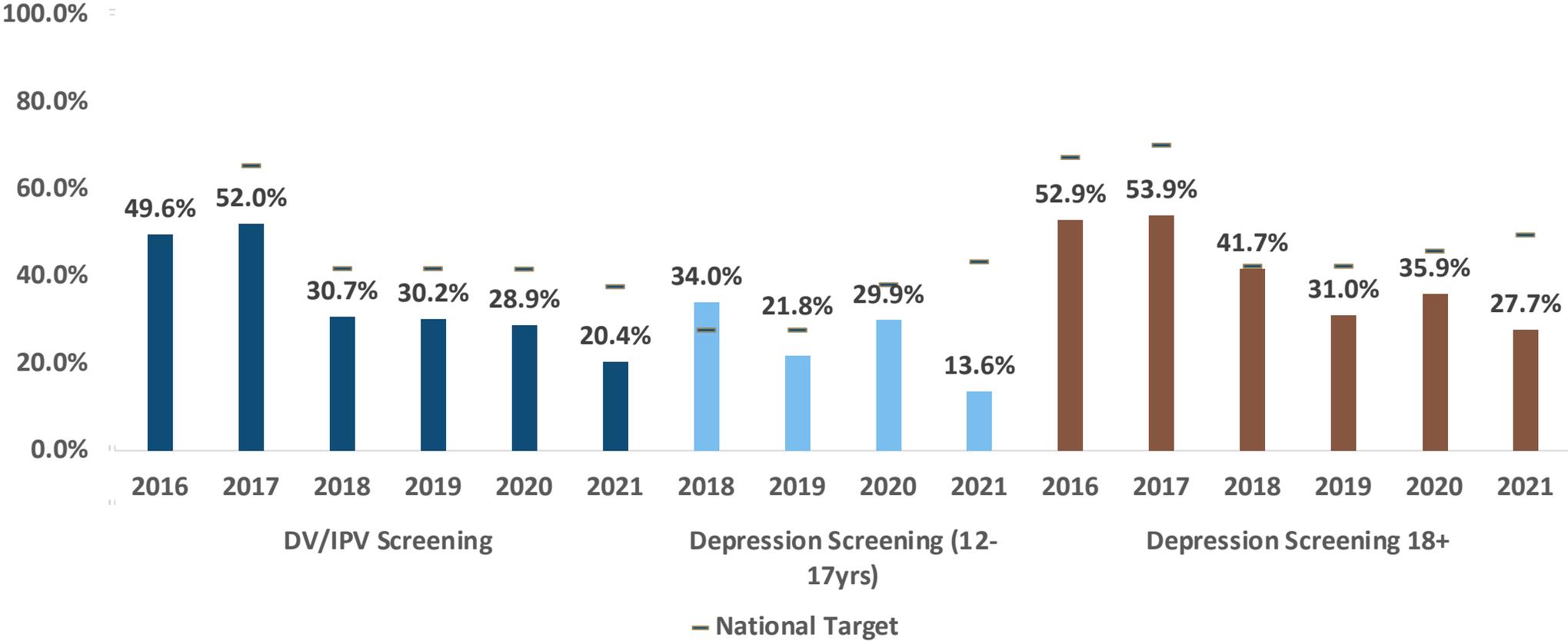
Mental Health

Mental Health—GPRA Measures

- Domestic violence/intimate partner violence (DV/IPV) screening
- Depression screening (12-17 years)
- Depression screening (18+ years)



Mental Health—GPRA Key Findings

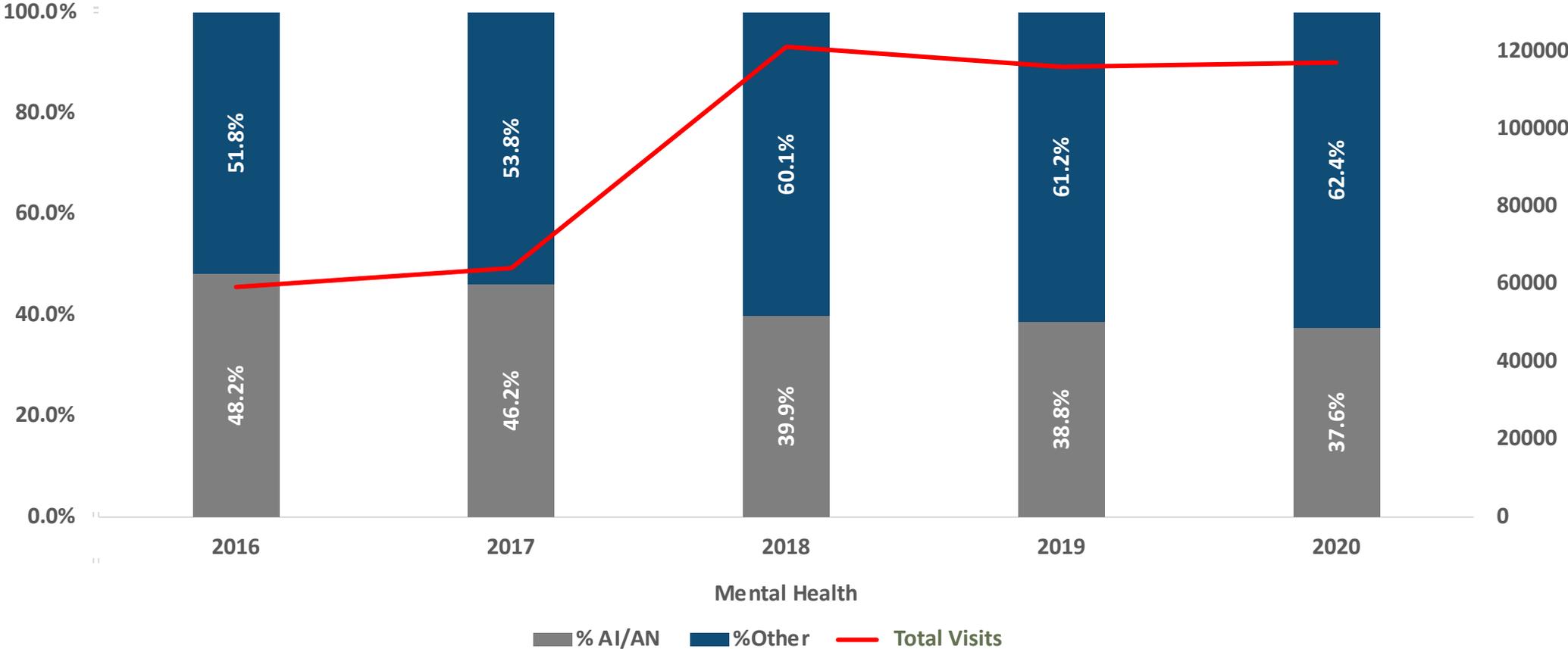


Mental Health—UDS Measures

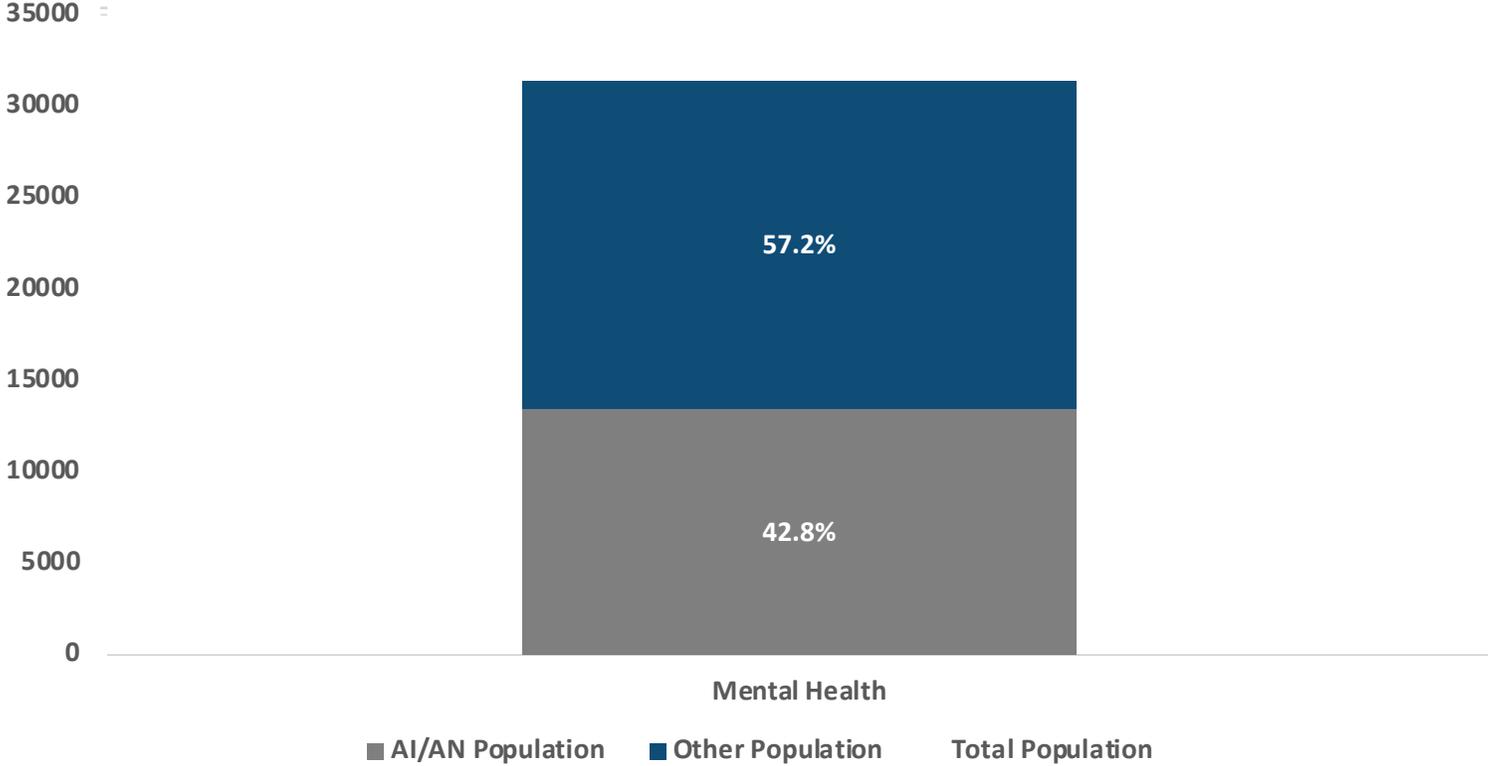
- Mental health visits



Mental Health— UDS Key Findings, Total Visits per Year



Mental Health— UDS Key Findings, Telehealth Visits



Mental Health Program Strengths

- As grantees experienced an increase in demand for mental health services, they had to quickly pivot and diversify their service delivery
- The demand to diversify caused many grantees to reexamine their service delivery model and adopt an integrated model
- Many grantees expanded their staff base and hired therapists with a greater breadth of service ability



Mental Health Program Challenges, Barriers, and Unmet Needs

- Technological barriers in the community became evident
- Recruitment and retention of clinical staff is a challenge particularly staff with an understanding of the diverse cultural needs



Mental Health Program Next Steps and Future Planning

- Develop and implement a staffing plan to recruit and retain mental health counselors with licensure that addresses the needs at the local level
- Promote the availability of counseling sessions by in-person and telehealth sessions—the availability of counseling sessions that meets the needs of the patients is important
- Continue integrating culturally-based practices with the local ASA and mental health program—approaching mental wellness holistically addresses the whole patient (mind, body and spirit)





Cultural, Traditional, and Evidence- and Practice-Based Approaches



Cultural and Traditional Practices

Practices that include a range of treatment approaches and support derived from, and supportive of, the positive culture of the local society and traditions.¹

¹ Source: National Indian Health Board. (2012). *Traditional and Evidence Based Practices in Public Health*. Retrieved from: https://www.nihb.org/docs/04202012/Traditional_EBP.pdf



Evidence- and Practice-based Approaches

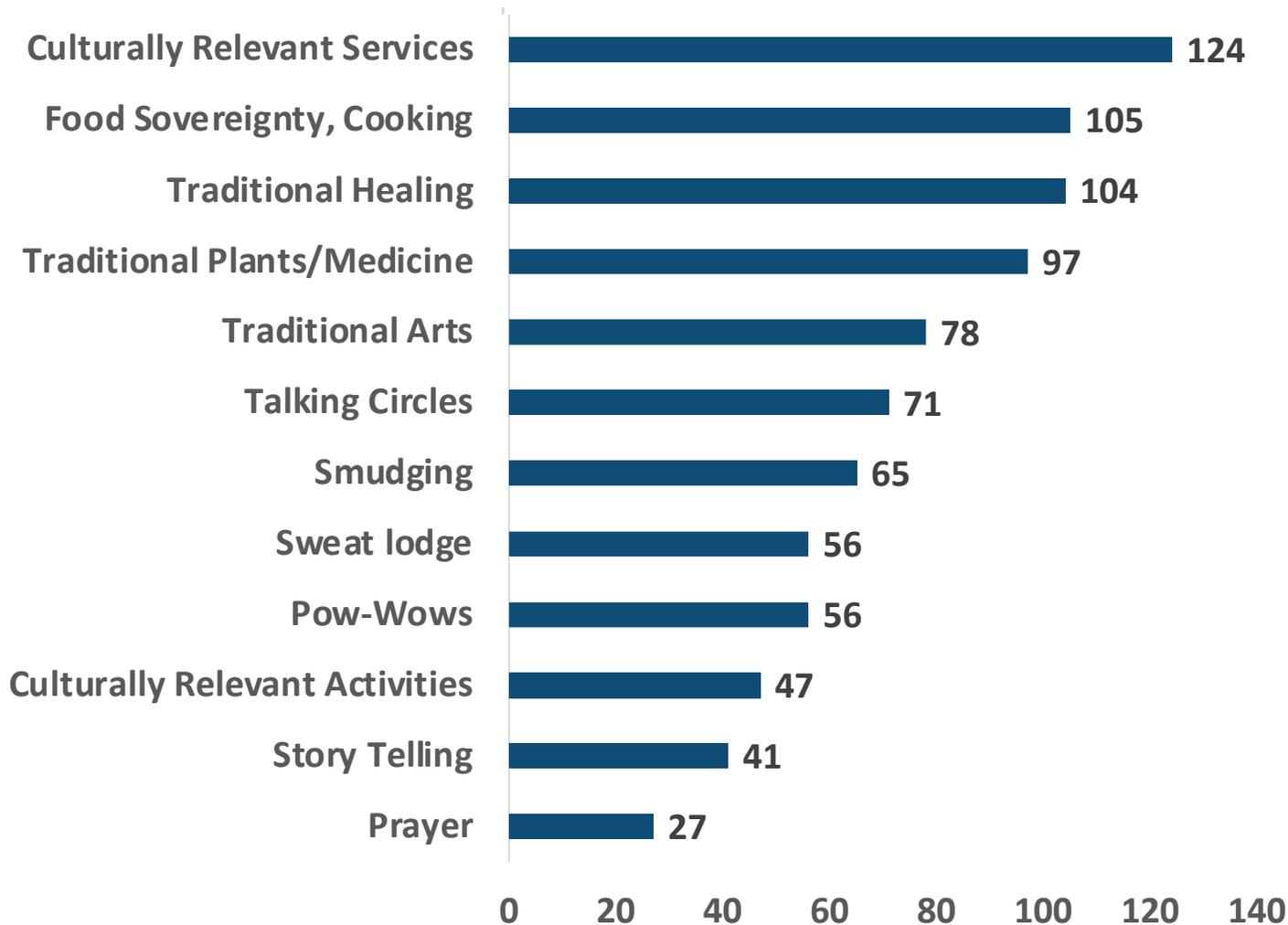
Practices that integrate the best research evidence with clinical expertise and patient values.

Cultural and Traditional Practices (CTP)

• Ninety percent of grantees reported integrating CTP into clinical practice; sixteen themes were identified:

- Culturally relevant services
- Culturally relevant activities
- Drumming
- Dancing
- Food sovereignty
- Indigenous Identity
- Place-based tribal history
- Powwows
- Prayer
- Smudging
- Storytelling
- Sweat lodge
- Talking circles
- Traditional arts
- Traditional healing
- Traditional plants/medicine

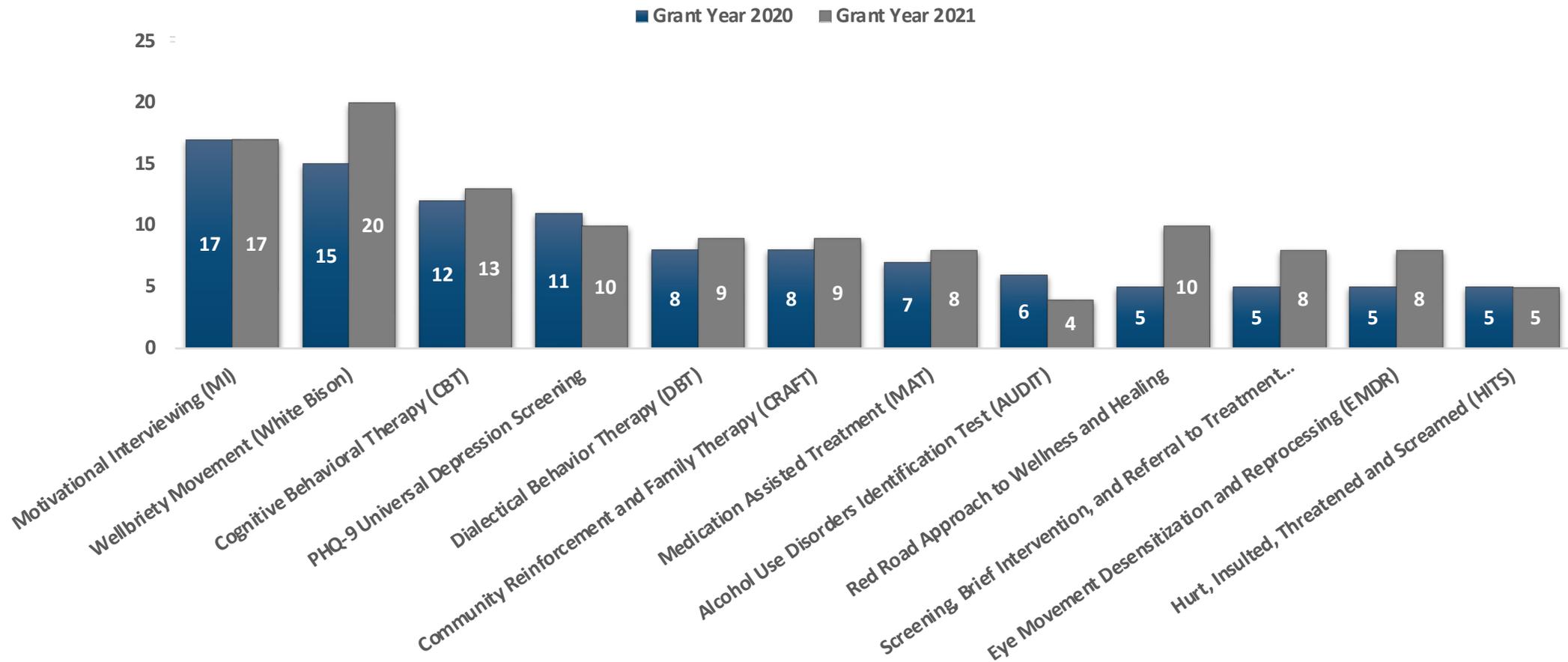




Top 12 Cultural and Traditional Practices Used by Grantees



Evidence- and Practice-based Approaches





Summary of Recommendations

Programmatic Recommendations

Health Promotion and Disease Prevention

- Develop and implement a campaign to increase screenings, particularly cancer
- Develop and promote the benefits of regular primary care visits and the importance to chronic disease management
- Develop and promote the benefits of coordinating care during visits (e.g., see vision the same day)
- Improve access to telehealth
- Integrate cultural and traditional practices into programming (e.g., food is medicine)



Programmatic Recommendations

Immunization

- Develop and launch an education campaign emphasizing the importance of routine and seasonal vaccines
- Emphasize the importance of completing series of vaccines
- Continue to innovate and strategize to support community needs
- Compare adult childhood vaccination rates with grantee local and regional demographic data
- Conduct storytelling and outreach/promotional materials targeted at AI/AN audiences to increase awareness of the importance of regular immunizations
- Integrate traditional storytelling to combat vaccine hesitancy, resistance, and misinformation to increase vaccination rates



Programmatic Recommendations

Alcohol and Substance Abuse and Mental Health

- Develop and implement a plan to expand outpatient and telehealth mental health and substance abuse services
- Integrate sweat lodge ceremonies, talking circles, smudging, and prayer, combined with PB/EP approaches (MAT; SBIRT)
- Apply culture-based approaches such as the Red Road, Wellbriety, White Bison, Seven Grandfathers, and Horse as Medicine (equine-assisted therapy)



Data Quality Recommendations

- Enhance reporting capacity to increase quantity of data reported across GPRA, UDS, NIRS, and quarterly reporting
- Track national data trends
- Reevaluate GPRA measures and assess what they are capturing



Q&A



